

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL****FOR: HEALTH CARE FINANCING ADMINISTRATION**TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER:

03-014

2. STATE

NC

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

Effective July 1, 2003

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 447.201

7. FEDERAL BUDGET IMPACT:

a. FFY 2004 (\$1,399,198)

b. FFY 2005 (\$2,473,976)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-B, Supplement 1, Page 1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Attachment 4.19-B, Supplement 1, Page 1

10. SUBJECT OF AMENDMENT:

Payment for Home Health, Private Duty Nursing, Extended Services for Pregnant Women,
Clinic Services and Rehabilitation Services

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED: Not Required

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Carmen Hooker Odom

14. TITLE:

Secretary

15. DATE SUBMITTED:

12/4/03

16. RETURN TO:

Office of the Secretary
Department of Health and Human Services
2001 Mail Service Center
Raleigh, North Carolina 27699-2001

FOR REGIONAL OFFICE USE ONLY

MEDICAL ASSISTANCE
State: NORTH CAROLINA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

Payment for Home Health, Private Duty Nursing, Extended Services for Pregnant Women, Clinic Services and Rehabilitation Services:

FY 2003 -- 5% reduction to Private Duty Nursing; No adjustment for other services.

Note: The agency was enjoined by court order from implementing the 5% reduction to Private Duty Nursing.

FY 2004 -- SPA 03-014, submitted to CMS on November 7, 2003, with an effective date of October 1, 2003, has the effect of restoring the rate for Private Duty Nursing to the pre FY 2003 level. No adjustment for other services except for medical supplies as indicated below.

FY 2004 -- Rate increase for ostomy supplies as detailed in the Division of Medical Assistance Provider Manual for Home Health and Private Duty Nursing, Maximum Reimbursement Rate Schedule section. (Effective date November 1, 2003)

Reference- Supplement to Attachment 4.19-B: Section 5 Page 1, Section 7 Page 2, Section 8 Page 1, Section 12 Page 3, Section 13 Page 1, Section 20 Page 1 and Section 23 Page 6

TN. No. 03-014
Supersedes
TN. No. 02-09

Approval Date 03/08/2004

Eff. Date 10/01/2003